Employment and Volunteer Application City of Gunnison

Interview Date:

Hired

Not Hired

124 East Virginia Street, Gunnison, Co 81230 (970)641-8060 Fax (970)641-8011

THE CITY OF GUNNISON IS AN EQUAL OPPORTUNITY EMPLOYER.

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability or status as a Vietnam-era or special disabled veteran in accordance with applicable law. It is our intention that all qualified applications be given equal opportunity and that selection decisions be based on job-related factors. The City of Gunnison provides "reasonable accommodations" to qualified individuals with disabilities, in accordance with the Americans with Disabilities Act, applicable state, and local laws.

INSTRUCTIONS: Each question must be answered fully and accurately. You may attach your resume; however, no action can be taken unless you have completed this Application for Employment, answering <u>all</u> questions. Please **PRINT** your answers using an ink pen. Sign your name in cursive on the signature line only.

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(Last)		(First)				(Middle)		
Present Residence								
Street						State and Zip		
Phone No. Home ()	Work (Mes	sages (
locial Security Number:								
are you legally eligible for em	ployment in the U.S.A.?	YES	, NO (if yes, Ve	erification of y	our identity and	i employment	authorization v	will require
your answer is NO, can you Vere you previously employed			YES .	NO				
yes when?								
•						22		
f your application is considered	ed favorably, on what dat	e will you be a	Manaple for v	VOIK/	<u> </u>	, 20	•	
POSITIONS APPLIED F								
Instructor Activit(ies)								
7								
Volunteer Activit(ies)								
Parks (I.E. Maintenance, I	e Rink Crenor Hill Conc	essions) Positi	ions				3 - Allin - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
- Palas (I.B. Maintenance, M	oranor imi, conc	,00010110) 1 0011						,
TIMES AVAILABLE TO	WORK OR VOLUN	TEER	T					T
Please Indicate Days and time(s) you are available to work or volunteer	Time of Day	SUN	MON	TUE	WED	THU	FRI	SA
	Morning							
	Afternoon							
	Atternoon							-
						l	1	1

EDUCATION

Please circle highest grade completed	9 10 11 12 High School	1 2 3 4 4+ College
School Name and Location	Degree/Certificate	Course of Study
High School:		
College:		
Vocational/Technical:		
Other job related training:		

EMPLOYMENT

Please list, in order, your last 3 employers, starting with your current or most recent employer first. Please list all employers whether full or part-time and account for any gaps in your employment. Include job-related military service assignments and volunteer activities. (Complete even if you have a resume attached.)

NAME AND ADDRESS OF EMPLOYER:	
The state of the s	
TELEPHONE ()	
DATES WORKED: From:	Ťo:
JOB TITLE:	SUPERVISOR:
MAY WE CONTACT THEM? YES NO	
SALARY: Starting:	Final:
DESCRIBE MAJOR DUTIES:	
REASON FOR LEAVING:	

NAME AND ADDRESS OF EMPLOYER:	
Translation of Bill Boltan	
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JOB TITLE:	SUPERVISOR:
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REASON FOR LEAVING:	
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NAME AND ADDRESS OF EMPLOYER:	
TELEPHONE ()	To:
MAY WE CONTACT THEM? YES NO	SUPERVISOR:
DESCRIBE MAJOR DUTIES:	Final:
REASON FOR LEAVING:	
PLEASE ACCOUNT FOR ANY PERIODS OF UNEMPLOY From To Description:	MENT:
From To Description:	
Prom To Description:	
SPECIAL SKILLS AND QUALIFICATIONS Please summarize any special job related skills, training, of you are applying (language spoken, licenses or certificates that Federal and/or State law precludes obtaining in the p	qualifications and/or abilities you have which will be special benefit in the job for which s held, equipment operated, typing/dictation speed). Please do not list any information ore-employment stage.
BACKGROUND Have you ever been charge with a crime that resulted in properties of any law violation (except minor traffic violation)	plea of guilty, a plea of no contest, a deferred judgment, a deferred prosecution or a ions)?YES NO
If your answer is YES, for each such conviction please list the disposition.	t: (1) the date of offense; (2) the charge; (3) the jurisdiction; (4) the court name, and (5)
(Please Note - A conviction record will not necessarily b and only to the extent permitted by applicable law.)	e a bar to employment. This information will be used only for job-related purposes
Have you ever been involved in an incident involving child	d/elder abuse or child/elder neglect? YES NO If YES, please explain:

WORK REFERENCES: (Please provide three Do Not Use Your Relatives)

Complete Name and Title	Complete Address	Work Phone	Years Known

Pre-Employment Statement

(Please read each statement carefully before signing)

By my signature, I hereby apply for employment with the City of Gunnison and state that:

- This application is intended for use in evaluating my qualifications for employment for the position for which I have applied. This application will be considered for that position only and will remain current for 30 days. In order to be considered for other or future positions, a new application must be filed.
- 2. The information contained in this application and supporting employment documentation is true and accurate to the best of my knowledge and belief. I understand and agree that, if in the opinion of the City of Gunnison, I have made any misrepresentation, false statement or omitted any relevant fact in this application, my resume, any interviews or in any other supporting employment documentation, the City of Gunnison may reject my application, refuse employment or, if employed, may immediately terminate my employment, whenever it may be discovered.
- 3. I understand that all information furnished in this application and supporting employment documents may be verified. I hereby authorize the City of Gunnison and/or its agents to verify all responses, statements and information provided by me, or to procure or have prepared a consumer or an investigative consumer report for this purpose concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal record, and mode of living. I hereby release the City of Gunnison from any and all liability for any damage whatsoever arising from investigating and verifying the referenced information. Furthermore, I hereby authorize all persons, schools, companies, agencies and law enforcement authorities named and referred to in this application and supporting employment documentation, including without limitation my present and former employers and those individuals I have listed as personal references, to release and all information relative to my background, employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment and hereby release such individuals, organizations and the City of Gunnison from any and all liability for any claim or damage resulting therefrom.
- 4. I understand that, following an offer of employment may be contingent upon my successfully completing a physical examination, substance screen, and other screening evaluation. I consent to the release of any or all personal and/or professional and/or medical information as may be deemed necessary to judge my capability to do the work for which I am applying.
 - I also understand and agree that, if employed, I may be required to submit to an alcohol or drug screening on a reasonable suspicion basis at the discretion of the City of Gunnison. I hereby consent to having the results of any such alcohol or drug screening I may be required to undergo disclosed to the City of Gunnison.
- 6. In accordance with the Immigration Reform and Control Act of 1986, I understand that I will be required to provide documentation as to my identity and authorization to work in the U.S. should employment be offered to me. I recognize that my failure to submit such proof within the required time will result in immediate termination of my employment.
- 7. I understand that neither this application nor subsequent employment will create a contract of employment nor guarantee employment for any definite period of time. If employed, I agree to comply with the policies, rules, regulations, and procedures of the City of Gunnison and understand that no manager or representative of the City other than the City Manager, and only he in writing, has any authority to enter into any agreement with me for employment for and specified period of time or to make any agreement different from or contrary to the foregoing.
 - I have received, read and understand the City's written summary of the physical requirements and essential functions of the position for which I have made application. By my signature below, I affirmatively represent that I am able to perform the essential functions of the job, with or without accommodations, if I am selected.
- I have acknowledge that all computers, computer networks, electronic mail systems, internet connections systems, telecommunications equipment and other electronic equipment supplied or provided by the City, together with any and all data, programs, messages, communications and information created, sent, received, accessed, stored or contained therein, are and will remain the sole property of the City of Gunnison. All such equipment, programs and information will be used solely for the conduct of City business and may be reviewed, audited, intercepted, monitored, accessed, published and disclosed by the City at any tie in its sole discretion.
- 10. I state that I have made no willfully false or misleading statements in this application or otherwise and that I will make no willfully false or misleading statements about my ability to perform if I am selected to continue in the interview/selection process.

Full Name (Please Print)		
Signature	Date	



City of Gunnison

201 W. Virginia Ave., P.O. Box 239 Gunnison, CO 81230 (303) 641-8000 - (303) 641-8051 FAX

As an applicant for the position of	of
	am required to furnish information for use in
(Print Name) determining my moral, physical and men of any and all information that the Gunn	ntal qualifications. In this connection, I authorize release ison Police Department may have concerning me, or privileged nature to
	(Company name & address)
I hereby release The City of Gunnison, any liability or damage which may result	the Gunnison Police Department and It's employees fron t from furnishing the information requested.
Date of birth	Social Security #
Address	
	Date
Signature	
Notary Public	(Seal)
My commission expires	